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TO:	FACSIMILE:	RECEIVED CENTRAL FAX CENTER FEB 08 2007
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FROM: MICHAEL R. WARD
Reg. No. 38,651

DATE: February 8, 2007

Number of pages with cover page:	14	Preparer of this slip has confirmed that facsimile number given is correct: MRW1/8693/lxo3

Comments:

Attorney Docket No: 416272003900

DOCUMENTS ATTACHED: RESPONSE TO OFFICE ACTION

- 1) Transmittal - 1 pg
- 2) Fee Transmittal - 2 pgs
- 3) Extension (3 months) - 1 pg
- 4) Response to OA of 8/8/06 - 9 pgs

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sf-2267006

FEB 08 2007


PTO/SB/21 (09-04)


Approved for use through 07/31/2005. OMB 0621-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/519,121
	Filing Date	September 15, 2003
	First Named Inventor	Marc K. HELLERSTEIN
	Art Unit	1655
	Examiner Name	B. Shen
Total Number of Pages in This Submission		13
Attorney Docket Number		416272003900

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form IN DUPL- 2 pgs <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply RESP to OA of 2/8/06 - 9 pgs <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 1 pg <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (Supplemental, 3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: right;">FAX COVER SHEET - 1 pg</div>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)	
Signature		
Printed name	Michael R. Ward	
Date	February 8, 2007	Reg. No. 38,851

FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the Commission for Patents, at facsimile no. (671) 273-6306, on the date shown below.	
Dated: February 8, 2007	Signature:  (Typed Name)

sf-1927548

FEB 08 2007

PTO/SB/17 (12-04)

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control numberEffective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4818).FEE TRANSMITTAL
for FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$10.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	FEE (\$)	Small Entity Fee (\$)	FEE (\$)	Small Entity Fee (\$)	FEE (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	-0-
Design	200	100	100	50	130	65	-0-
Plant	200	100	300	150	80	40	-0-
Reissue	300	150	500	250	600	300	-0-
Provisional	200	100	0	0	0	0	-0-

2. EXCESS CLAIM FEES

Fee Description	FEE (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	12-20 or HP	
Extra Claims	x	
Fees Paid (\$)	=	
Multiple Dependent Claims	FEE (\$)	FEE (\$)
Fees Paid (\$)	=	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 1-3 or HP x = Fees Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.19(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of additional 50 or fraction thereof Fees Paid (\$)


4. OTHER FEE(S)

Other: 2263 EXTENSION OF TIME (3 months)

\$510.00

SUBMITTED BY: MORRISON & FOERSTER LLP

CUSTOMER NO. 20672

Signature		Registration No. (Attorney/Agent)	38,661	Telephone	415/268-6237
Name (Print/Type)	MICHAEL R. WARD			Date	February 8, 2007

sf-2266991